PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION **TRANSMITTAL**

Please type a plus sign (+) inside this box +

Attorney Docket No. P00594-US First Inventor Barbara A. Soltz Title Composite Tissue Adhesive EL 921942344US

(Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No.

	======================================			.,	- 6
APPLICATION E		ADDRES	S TO: Box Paten	Commissioner for Patents Application	333
See MPEP chapter 600 concerning util 1. Fee Transmittal Form (e. (Submit an original, and a du) 2. Applicant claims small en See 37 CFR 1.27. 3. Specification (preferred arrangement set for Descriptive title of the in Cross Reference to Rel. Statement Regarding For Reference to sequence or a computer program Background of the Inverse Brief Summary of the In Brief Description of the	ity patent application contents. g., PTO/SB/17) plicate for fee processing) tity status. [Total Pages 20] wention ated Applications ed sponsored R & D listing, a table, isting appendix vention	7. CD-ROI Comput 8. Nucleotide and (if applicable, all r a. C b. Specific i	S TO: Box Paten Washingto M or CD-R in dupler Program (Appel/or Amino Acid Sciecessary) omputer Readable ation Sequence L CD-ROM or C paper tatements verifying	Application n, D.C. 20231 icate, large table or endix) equence Submission e Form (CRF)	0 11017 pies
Detailed Description Claim(s) Abstract of the Disclosu	re	10. 37 CFR (when the	ent Papers (cove 3.73(b) Statemen re is an assignee) Translation Docur	Power of Att	•
b. Copy from a price (for continuation/direction) i. DELETIO Signed state named in t	[Total Pages]] (original or copy) or application (37 CFR 1.63(d)) original with Box 18 completed) on OF INVENTOR(S) tement attached deleting inventor(s) the prior application, see 37 CFR and 1.33(b). See 37 CFR 1.76 ION, check appropriate box, and so CFR 1.76: conal	Statement 13. Prelimina 14. Return R (Should be (Should be (if foreign Request (b)(2)(B) or its equal 17. Other: Supply the requisite information of the prior application	(i). Applicant mustivalent. ation below and in a cation No.: croup / Art Unit on, from which an assistant application	MPEP 503) d) Document(s) under 35 U.S.C. 122 st attach form PTO/SB preliminary amendment, / oath or declaration is s and is hereby incorpor	8/35
	19. CORRESPO	NDENCE ADDRESS	3		
Customer Number or Bar Code L	abel 301 (Insert Customer No. or Att		or Corre	spondence address below	<i>,</i>
Name					
Address					
City	State		Zip Code		
Country	Telephone		Fax		
Name (Print/Type) Stepher J. Ho	ume ()	Registration N	O. (Attorney/Agent)	34,621 / / / / / / / / / / / / / / / / / / /	\rightarrow

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

...

PTO/SB/17 (XX-XX)

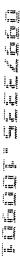
Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office and Indiana valid OMB control number.

Inder the Paperwork Reduction Act of 1995, no persons are requ	red to r	espond	to a col	lection	of intor	rmation unie	ess it displa	iys a valid OMB cont	roi number.
FEE TRANSMITTA		Complete if Known							
· · · · · · · · · · · · · · · · · · ·		Appl	cation	Numt	er		·		
for FY 2002			Filing Date					TO	
Patent fees are subject to annual revision. TOTAL AMOUNT OF PAYMENT \$370.00		First Named Inventor		Barbar	a A. Soltz		<u> </u>		
		Exar	niner i	Name					.jc
		Group Art Unit					2.0		
				P00594	-US		<u> </u>		
METHOD OF PAYMENT				FE	E CA	ALCULA	TION (∞	ntinued)	1
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		ADDIT Entity			ES				
Deposit		Fee	Fee	Fee		Fee D	escription	on	Fee Paid
Account Number 02-0900	Code 10:		Code 205	(\$) 65	Surch	narge - late f	filing fee or	oath	
Deposit Account Barlow Josephs & Holmes LTD	12	7 50	227	25			provisional	filing fee or cover	
Account Name Barlow Josephs & Holmes LTD	120	0 420	420	120	sheet		ocification		
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	139	9 130 7 2,520	139			· English spe ling a reque		rte reexamination	
A 1 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1	111		112	920°		•	•	IR prior to Examiner	
See 37 CFR § 1.27	┨ ¨¨	2 320			action	n Ti			
2. Payment Enclosed:	113	3 1,840*	113	1,840*	Reque		cation of S	IR after Examiner	
Check Credit card Money Other	119	5 110	215	55	Exten	nsion for rep	ly within fir	st month	
FEE CALCULATION	110	6 400	216	200	Exten	nsion for rep	ly within se	cond month	
1. BASIC FILING FEE	111	7 920	217	460	Exten	nsion for rep	ly within th	ird month	
Large Entity Small Entity	118	8 1,440	218	720	Exten	nsion for rep	ly within fo	urth month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	12	8 1,960	228	980	Exten	nsion for rep	ly within fif	th month	
101 740 201 370 Utility filing fee 370.00	11!	9 320	219	160	Notice	e of Appeal			
106 330 206 165 Design filing fee	12	0 320	220	160	Filing	a brief in su	ipport of ai	n appeal	
107 510 207 255 Plant filing fee	12	1 280	221	140	Reque	est for oral I	hearing		
108 740 208 370 Reissue filing fee	13	8 1,510	138	•				use proceeding	
114 160 214 80 Provisional filing fee	14		240			on to revive			
SUBTOTAL (1) \$370.00		1 1,280	241			on to revive		onal	
2. EXTRA CLAIM FEES		2 1,280	242			/ issue fee (d	or reissue)		
Fee from Extra Claims below Fee Paid	14:		243		_	gn issue fee : issue fee			
Total Claims $5 - 20** = 0 \times = 0.00$	14-		244 122			ons to the C	ommission	or	
Independent $1 - 3** = 0 \times = 0.00$	12:		123					R § 1.17(q)	
Multiple Dependent =	120		126			nission of Inf		* ''	
Large Entity Small Entity Fee Fee Fee Fee Fee Description					Stater	ment			
Code (\$) Code (\$)	58	1 40	581	40		rding each p s number of		nment per property	
103 18 203 9 Claims in excess of 20	14	6 740	246	370		a submissions (FR § 1.12)		al rejection	
102 84 202 42 Independent claims in excess of 3	14	9 740	249	370	-	-		n to be examined	
104 280 204 140 Multiple dependent claim, if not paid				070	•	FR § 1.12		ningtion (BCE)	
109 84 209 42 ** Reissue independent claims over original patent	179		279		•	est for expe		nination (RCE)	
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	16		169			design applic		iiiiauoii	
		her fee (specity	· —				· · · · · · · · · · · · · · · · · · ·	
SUBTOTAL (2) \$0.00							SUBTO	TAL (3)	
**or number previously paid, if greater; For Reissues, see above	*Re	educed t	y Basic	Filing	ree Pa	aid	305101	7.2 (0)	
SUBMITTED BY				_		(Complete (i	f applicable)	
Name (Print/Type) Stephen . Holmes		Registra (Attorne)		0.	34,6	621	Telephone	401-273-4	446
Signature							Date	10/31	0/

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on



PTO/SB/35 (11-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST AND CERTIFICATION UNDER 35 U.S.C. 122(b)(2)(B)(i)

First Naı	med Inventor	Barbara A. Soltz		
Title	Composite Tissue Adhesive			
Atty Doc	ket Number	P00594-US		

I hereby certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).

/0/3/0/ Date

Stephen J. Holmes
Typed or printed name

This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).

Burden Hour Statement: This collection of information is required by 37 CFR 1.213(a). The information is used by the public to request that an application not be published under 35 U.S.C. 122(b) (and the PTO to process that request). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is to take 6 minutes to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

UNITED STATES PATENT APPICATION

FOR

COMPOSITE TISSUE ADHESIVE

BY

Barbara A. Soltz, Dale P. DeVore, Braden P. DeVore

Robert Soltz, and Michael A. Soltz

This invention was made with government support under Grant Number 5 R44 HL59062-02 awarded by NIH. The government has certain rights to this invention.